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APPLICANTS

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** CONTINUING DATA ***** *NONE MP* *****

** FOREIGN APPLICATIONS ***** *NONE MP* *****

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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY SEYCHELLES	SHEETS DRAWING 5	TOTAL CLAIMS <i>10 32</i>	INDEPENDENT CLAIMS <i>2 7</i>
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Verified and Acknowledged
 Examiner's Signature *[Signature]* Initials *mp*

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TITLE
 INTUBATING LARYNGEAL MASK AIRWAY DEVICE WITH FIBER OPTIC ASSEMBLY

FILING FEE RECEIVED 892	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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